

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/565614

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1				
4			1			
5			1			
6			1			
7			1			
8			1			
9			1			
10			1			
11			1			
12			1			
13	1		1			
14	1		1			
15	2		1			
16	2		1			
17	1		1			
18	1		1			
19	2		1			
20	1		1			
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50						
TOTAL IND.			3			
TOTAL DEP.		17				
TOTAL CLAIMS		20				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						